

BUILDING PERMIT INFORMATION CHECK LIST

Date: _____

BUILDING LOCATION	Project Address: _____		
	Owner's Name: _____		
TYPE OF IMPROVEMENT <input type="checkbox"/> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Wrecking <input type="checkbox"/> Moving (relocation) <input type="checkbox"/> Other	TYPE OF SEWER/WATER <input type="checkbox"/> Public <input type="checkbox"/> Private <hr/> PRINCIPAL TYPE OF FRAME <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other	ELEVATOR _____ (0,1,2,etc) ESCALATOR _____ (0,1,2,etc) FIRE PROTECTION <input type="checkbox"/> Sprinkler <input type="checkbox"/> Standpipe <input type="checkbox"/> Automatic Alarm <input type="checkbox"/> Manual Alarm <input type="checkbox"/> Other	LIEN HOLDER'S INFO. Name _____ Address _____ Phone _____
PROPOSED USE Existing Use <input type="checkbox"/> Change of Use <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> One-family Detached <input type="checkbox"/> One-family Attached <input type="checkbox"/> Two or more No. of dwelling units _____ <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Dorm/Boarding House <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Mobile Home <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other NON-RESIDENTIAL <input type="checkbox"/> Recreation <input type="checkbox"/> Religion Building <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station <input type="checkbox"/> Hospital <input type="checkbox"/> Office, Bank <input type="checkbox"/> Public Utility <input type="checkbox"/> School, Library <input type="checkbox"/> Stores <input type="checkbox"/> Restaurants <input type="checkbox"/> Tanks, Towers <input type="checkbox"/> Other <input type="checkbox"/> Not Buildings	DIMENSIONS Plan Sq. Ft. _____ No. of Stories _____ Bldg. Height _____ <div style="text-align: center; margin-top: 20px;"> <p>Indicate the dimension, in feet and inches, from the building, addition or structure to the property lines at the closest point.</p> <p style="text-align: center;">REAR</p> <p style="text-align: center;">FRONT</p> <p style="text-align: center;">SIDE SIDE</p> <p style="text-align: center;">PUBLIC STREET OR ROAD</p> </div>		
DESCRIPTION OF WORK: _____ _____		TOTAL COST OF IMPROVEMENT \$ _____	
CONTRACTOR'S INFO. Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ License # _____			
<p>I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other State and local laws, ordinances and regulations. The Inspections Division will be notified of any changes in the approved plans and specifications for the project permitted herein. I further understand that this is NOT an authorization to begin work. Work may only commence after approval and issuance of permit.</p> <p style="text-align: center; margin-top: 20px;">SIGNATURE OF APPLICANT/DATE:</p>			